STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lobbyist(s) Robert E. Dunn, Jr. & Teresa R. Rosenberger
II. Name of lobbyist's partnership, firm or corporation, if any:
Devine, Millimet & Branch, PA
(Name of partnership, firm or corporation)
15 North Main Street, Suite 300, Concord, NH 03301
Business Address: (Street) (Town/City) (State) (Zip Code)
603) 410-1704 () c-mail rdunn@devinemillimet.com
`410-1702 trosenberger@devinemillimet.com
III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client).
reportable expense transactions which are not attributable to any one enemy.
X All reportable transactions occurring in the months prior to the reporting date relative to the following client:
North Country Healthcare
(Full Name of Client as it appears on the Lobbyist Registration Form)
OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are
unrelated to any particular client.
IV. Date of Report April 24, 2019 🐰 July 31, 2019 🗌
Reports cover: activity from date of registration to 3/31/19 activity from 4/1/19 to 6/30/19
October 30, 2019
V. There have been no fees received and no reportable transactions made since the last report. If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:
X If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses
If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Honorariums or Expense Reimbursement
If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
4/24/11
(Signature of lobbyist) RECEIVED
Robert E. Dunn, Jr.
(Print Name of lobbyist) APR 2 4 2019
NEW HAMPSHIRE DEPARTMENT OF STATE

PLEASE PRIN

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Robert E. Dunn, Jr. and Teresa R. Rose	nberger
II. Name of lobbyist's partnership, firm or corporation, if any:	
Devine, Millimet & Branch, PA	
(Name of partnership, firm or corporation)	
III. Name of Client North Country Healthcare	Date <u>April 24, 2019</u>
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:	relations, or public relations services
a) Total of all fees received in this reporting period	a) \$ _4,600.00
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year)	b) \$ <u>0</u>
c) Total of all fees received to date (Add lines a and b)	c) \$ _4,600.00
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$2,500.00
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lessing lobbied, purchase of a ceremonial object given to a person being lobbie (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greate restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm aggregate total of all expenses paid expenses; (b) the aggregate total of all ele: meals purchased during a business as than \$10 that is given to the person of with a value of \$25.00 or less); and orting period of greater than \$25.00 for the of greater than \$25.00 for the of greater than \$25, but not greater than \$50. Expense reimbursement, or political
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 4,600.00*
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ _0*
a). Total of all itemized appenditures reported in detail in section VI	c) \$ O*

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ <u>4,600.00*</u>
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u> *
f) Total of all expenses year to date	f) \$ _4,600.00*
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lo period, including by whom paid or to whom charged.	bbying fees during this reporting
Paid to: N/A	Amount:
	\$
	\$
	\$
	\$
	\$
	\$

Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm	n that the foregoing information
is true and complete to the best of my knowledge and belief.	
	April 24, 2019
(Signature of lobbyist)	(Date)
Robert E. Dunn, Jr. (Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partne	rship, firm, or corpor	ation: <u>Devine, Millir</u>	net & Branch, PA
Name of Client (leave bla	nk if Statement is for	r the partnership, firm,	or corporation and not related to any
particular client): _North	Country Healthc	are	
Date of Report (check on	e):		
April 24, 2019 🕱	July 31, 2019 🛚	October 30, 2019 🗆	January 29, 2020 □
			•
			and Expenses described above, and number of Addendum forms being
X Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm to complete to the best of my			nent and each Addendum is true and
dh			April 24, 2019
(8ignature of lobbyist)			(Date)
Teresa R. Rosenber (Print Name of lobbyist)	ger		

*Attachment to Addendum A, Section V

Section V

Devine, Millimet & Branch, Professional Association, is a large New Hampshire law firm with three offices in New Hampshire. The firm's lobbying practice is only one piece of the firm's broad range of work, and the attorneys involved in the lobbying practice also perform legal work which is completely unrelated to lobbying. All fees for services and reimbursable expenses paid by Devine, Millimet & Branch clients (including lobbying clients) for this period and prior periods are deposited into the operating revenues of the law firm. All operating expenses of the law firm are paid from operating revenues of the law firm. Thus, it is impossible to determine with any more specificity how money placed into our general operating account was later used.